



BLMC NEWSLETTER – 7th of September 2026

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1. New guidance and framework to improve health outcomes for people with a learning disability

NHS England has published new guidance to support GP practices, primary care networks and integrated care boards to improve [the identification of people with a learning disability](#) and strengthen the delivery [of annual health checks and health action plans](#).

The resources support earlier identification and proactive healthcare to help reduce health inequalities and premature mortality. Developed with people with a learning disability, family carers, health professionals and the voluntary and independent sector, they provide practical support for local implementation.



2. Seasonal vaccinations updates

Millions of [children and pregnant women can now get their flu vaccinations](#) ahead of winter. Frontline healthcare worker flu vaccination resources are now available [on the Campaign Resource Centre](#). The eligibility criteria for the RSV older adults vaccination programme has now expanded. [Communications resources are available here](#).

UKHSA have updated their [guidance to practitioners](#) to highlight the need to prioritise the vaccine types available according to the adult age group.

3. Updated contractual guidance for vaccinations

Updates have been published on the following guidance:

[The general practice vaccination and immunisation services: standards and core contractual requirements](#); and

[The general practice RSV vaccination programme: technical requirements](#)

This is to reflect the expanded [RSV vaccination eligibility](#) from 1 September. The standards and core contractual requirements document has also been updated to reflect changes to the pneumococcal programme to include people experiencing homelessness and the MMRV programme.

Change to NHS cervical screening intervals for people living with HIV

People living with well-controlled HIV who receive a negative high-risk HPV (hrHPV) result at their next routine cervical screening will be recalled at the same national cervical screening interval as people who are not living with HIV. There is no longer a need for people living with HIV to attend for annual screening. [Read full details for the policy change here](#) (sign-in required).

Home address updates via the NHS App, launching late September

The address update feature aims to:

- Make it easier for patients to tell the NHS where they live
- Reduce staff administration burden
- Reduce failed letters, missed appointments and test results
- Improve address accuracy across the NHS

The feature checks a patient's GP catchment area and 'Practice of Choice'. Before and after updating their address, patients are directed to use the 'Find a GP' service if they're out of their current GP practice catchment area.

GP practices will receive email notifications of address updates initially, with improved GP system notifications to follow. For more information, watch the [introduction webinar](#) on FutureNHS, from 35:12 – 46:40 (sign-in required).



4. Webinar: Are your surgery premises holding you back?

Please join primary care partners Bryn Morgan and Robert McCartney, together with Adam Thompson, Founder and Director of Primary Care Surveyors, for an insightful webinar:

Are Your Surgery Premises Holding You Back? Securing Fit-for-Purpose Facilities

Date: Wednesday 9 September 2026

Time: 13:00 -14:00

[Click here](#) or the button below for more information and to register your place.

Designed for GP partners and practice managers, this practical and interactive session will explore the opportunities and challenges involved in modernising practice premises.

Topics will include:

How to secure new surgery developments or improve existing facilities, and what the process involves

Funding and financing options available to practices

Understanding and balancing the risks and opportunities associated with development projects

Future developments in primary care infrastructure, including the Neighbourhood Health Centre Programme

The live session will be followed by a Q&A.

If you have any questions about this webinar, please contact our [events team](#).

Bryn Morgan

Head of Real Estate

HF and Hempsons

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5. Neighbourhood arrangements

The [consultation on proposed Multi-Neighbourhood Provider \(MNP\) and Single Neighbourhood Provider \(SNP\)](#) contracting models to support neighbourhood closes next week on 10 September. Neighbourhood models have the potential to have a significant impact on general practice, and we are already seeing a number of initiatives taking place across England. It's therefore important to that practices and LMCs ensure that their views heard by responding to the consultation.

We would like to again remind practices that they do not have to, and should not be pressured to, sign up to local neighbourhood proposals. There must be full and meaningful engagement with practices and LMCs to ensure there is appropriate governance in place as well as ring-fenced budgets for key areas especially around resourcing left shift of work, protections around sharing confidential data and proper utilisation of estates. [Read our guidance](#)



6. From Pharmacist to GP Partner: Seeing Both Sides of Primary Care

What can a former pharmacist bring to the role of GP Partner?

In the latest episode of **Partnerships in Primary Care**, hosted by **The Medicines Management Team**, we hear from **Dr Fuad Ahmed**, **GP Partner at Victoria Road Surgery and former pharmacist**, who shares his experience of working on both sides of primary care.

Hosted by **Afshan Mussarat**, Business & Practice Manager Victoria Road Surgery- Lead Practice Development & Primary Care Partnerships | TMMT, this practical conversation explores the realities of medicines management within general practice and the pressures facing both GPs and pharmacy teams.

Dr Ahmed discusses:

The challenges of medicines management in general practice
Medication queries, reconciliation and repeat prescribing
Long term condition reviews
How effective pharmacy support can create additional GP capacity
Reducing workload while maintaining clinical safety and governance
How GPs, pharmacists and wider practice teams can work together more effectively

He also reflects on Victoria Road Surgery's experience of introducing **The Medicines Management Team**, including the initial expectations, concerns and the changes seen after bringing additional pharmacy expertise into the practice.

This episode offers a valuable perspective on how better integration between GPs and pharmacy professionals can support **practice efficiency, patient safety, clinical capacity and patient access**.

Watch the full conversation

If you are a GP, Practice Manager, pharmacist or involved in primary care, this is a conversation worth watching.

Watch the latest episode of Partnerships in Primary Care and hear directly from a GP Partner who has experienced primary care from both perspectives.

📖 **Watch the podcast:** [[From Pharmacist to GP Partner: Seeing Both Sides of Primary Care](#)]
Partnerships in Primary Care

Hosted by **The Medicines Management Team**

Find out more about The Medicines Management Team at [medicinesteam.co.uk](https://www.medicinesteam.co.uk)



7.GP collective action and escalation plan

GP collective action continues this September. Following our steady monthly additions, we have decided to maintain all [existing actions](#) this month rather than escalating further.

This decision creates the opportunity for the newly elected GPC England officer team to build on positive initial discussions with Amanda Doyle, National Director for Primary Care and Community Services (NHSE). Our priority is to secure written confirmation from the Government agreeing to formal bilateral negotiations prior to our next committee meeting on 17 September. In preparation, the GPCE committee will still discuss a comprehensive escalation plan on 17 September, should Government fail to deliver sufficient reassurances.

Practices can continue to support the campaign by helping patients understand the pressures facing general practice, why change is needed and how they can support their local practice. By now, practices should have received a package of [posters](#) as part of our August [collective action](#). There are also leaflets in different languages that you can order from the [BMA website](#), as well as short films to display on your reception screens, and graphics add to your practice website, available to download [here](#).

We also encourage practices to support our public campaign by signing and sharing the [public petition](#) with patients.

Finally, we would encourage practices to **write to your MP using [our online tool](#)** and explain directly the pressures your practice is facing.

Read more about the other collective actions from the [GP campaign webpage](#)

8.GP pressures

In July 2026 the NHS employed the equivalent of 29,057 fully qualified full-time GPs – a slight increase from the previous month (29,008). Despite the GP workforce growing, there are still 307 fewer fully qualified FTE GPs than in September 2015.

During this time, there has been a rise in the number of patients. GPs employed by practices are now responsible for about 12% more patients than in 2015, demonstrating significant workload pressures. There is also an increase in appointments, with 34 million standard appointments delivered in July 2026 – an average of 1.48 million appointments per working day.

Read more about [the pressures facing general practice](#).



9.Semaglutide for cardiovascular risk reduction

The introduction of semaglutide for cardiovascular risk reduction is a welcome and important development, with clear evidence demonstrating a reduction in major cardiovascular events. However, its implementation must be supported by appropriate funding, commissioning, and infrastructure. General practice should not be expected to deliver this work within existing resources. [Read our guidance.](#)

10.Report into use of Advice and Guidance (A&G) referrals

As mentioned in the previous bulletin, [HSSIB's report on the use of A&G referral](#) services in England found evidence that patients were harmed when hospital referrals were pushed back instead of accepted.

Since the imposition of the 2026 contract that further embedded the use of A&G in General Practice, we have repeatedly raised issues with its implementation, and this report vindicates those concerns, showing that patients have come to harm as a result of a rushed-out and inconsistently applied process.

We continue to argue for an urgent review of a system that is putting patients at risk.

11.NHS Community Pharmacy Hypertension Case-Finding Service – referrals from practices

Changes to the service are being made from 3rd September 2026, with amended patient eligibility criteria that focus principally on hypertension case-finding. The key changes affecting general practice are:

Only patients without a prior diagnosis of hypertension and who have not had their blood pressure checked in the last 5 years can be referred/signposted by general practice for a clinic BP check.

Ambulatory blood pressure monitoring (ABPM) can only be offered to adults who are aged 40 years and over. Practices can still refer patients with a pre-existing diagnosis of hypertension for ABPM.

Further information can be found in a Community Pharmacy England [briefing document for practices](#).



12. Please see below for the seminar details and joining instructions. If you haven't already received the meeting invite, please let us know

Birmingham LMC have secured the following seminar from LMC Law for its GPs and Managers to attend free of charge. If you are interested in attending this seminar then please accept the meeting invite and follow the joining instructions below on the day. If anyone has any questions, then please do let me know.

CONTRACTUAL ARRANGEMENTS IN GENERAL PRACTICE

This is a one-to-1.5-hour seminar aimed at GPs, managers, staff in general practice and other healthcare organisations, and covers all aspects of contractual arrangements.

Topics covered include:

Binding contracts,
Written and oral contracts
Historical precedents
Changing contract terms
The difference between a contract and an MOU
Issues for unincorporated entities
The Partnership Act 1890
Partnership deeds,
Contract liability and subcontracting.
Expressions of interest and tendering for a contract

Topic: Contractual arrangements in general practice (BMLC)

Time: Oct 21, 2026, 01:00 PM London

Join Zoom Meeting

<https://us02web.zoom.us/j/88978649945?pwd=b1ea3dQy9sPgbaazdQp2WJEZnighCU.1>

Meeting ID: 889 7864 9945

Passcode: 752495



Birmingham

LOCAL MEDICAL COMMITTEE

Supporting the Business of General Practice

Please note our office contact times remain 10:00-16:00 and any queries on the day should be directed to birmingham.lmc@nhs.net. If you do call the offices, then please leave a message as this will be transferred direct to our emails and we can respond quicker.

Please note that the LMC are unable to accept calls or hold communications with patients, we are GP representatives, and we would respectfully ask that Practices do not advise patients to contact us. Could we also remind Practices that any copies of patient related correspondence MUST be anonymised as the LMC cannot accept patient identifiable data.

Helpful Links:

BMA Website: <https://www.bma.org.uk/advice-and-support/gp-practices>

GOVERNMENT Website: <https://www.gov.uk/coronavirus> for recent and upcoming changes, guidance & support.

NHS ENGLAND Website: <https://www.england.nhs.uk/>